



# Columbus Parks & Recreation

## Coach's Review of Soccer Referees

Coach Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_

Division: *(Please check the appropriate response)*

☐ U6    ☐ U8B    ☐ U10B    ☐ U12B    ☐ U14B  
☐ HS    ☐ U8G    ☐ U10G    ☐ U12G    ☐ U14G

Week: *(Please check the appropriate response)*

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6

Game Time: *(Please check the appropriate response)*

☐ 8:00    ☐ 9:30    ☐ 11:00

Referee #1: (Center)

\_\_\_\_\_

Referee #2: (Coach Line/Center #2)

\_\_\_\_\_

Referee #3: (Spectator Line)

\_\_\_\_\_

Field Number: \_\_\_\_\_

	Referee # 1	Referee #2	Referee #3
1. Did your referee(s) perform an equipment check?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did your referee(s) present a professional demeanor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did your referee(s) control overly aggressive play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your referee(s) follow the play of the game?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did the assistant referee(s) stay with play (track offside)?		<input type="checkbox"/>	<input type="checkbox"/>
6. Did your referee(s) take the time to explain the rule/infraction?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was/Were the referee(s)'s whistle(s) clearly heard?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Did your referee(s) use proper signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to carefully rate each official:

	Worst	←————→			Best
Referee #1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Referee #2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Referee #3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

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***Please place evaluation in the drop box by the restrooms.  
We will collect these weekly to better use the information you give us.***